

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
AUTHORIZED LEAVE OF ABSENCE WITHOUT PAY (L-1)**

<b>Employee's Name (Last, First, M.I.) &amp; Address</b>	<b>EUTF ID or Social Security #</b>
	<b>Dates of authorized leave of absence without pay</b>
	<b>From:</b> _____ <b>To:</b> _____

<b>Semi-Monthly Employee Contributions</b>	
Medical (includes Chiropractic)	\$ _____
Prescription Drug	\$ _____
Dental	\$ _____
Vision	\$ _____
Total	\$ _____
Effective through* ____/____/____	

NOTE: Please look at your pay statement each pay period to check whether premiums were deducted.

For questions regarding your account balance, contact EUTF Accounting at 586-7390 or toll free at 1-800-295-0089.

\* Rates and contributions may change July 1.

As long as you are on an authorized leave of absence without pay and you pay your portion of your premiums, your employer will continue to pay their share of contributions for health benefits.

If your leave is expected to last more than one month (30 days), you have two options to choose from:

**(1) Voluntarily cancel your health benefit plan enrollments due to leave without pay.**

- a. You will need to complete an EC-1 or EC-1H forms within 30 days of the beginning of the leave of absence without pay to cancel your plans. The effective date of the cancellation shall be the end of the pay period during which the leave of absence without pay begins.
- b. You may re-enroll in the same benefit plans upon return from the leave of absence without pay by completing an EC-1 or EC-1H form and submitting to your employer. The form must be submitted within 30 days of returning from the leave of absence.

**(2) Continue your enrollments during your leave of absence without pay by paying the following premiums by the end of each pay period:**

\$ \_\_\_\_\_

You may send payments in advance of your payment due dates. Make checks payable to "EUTF" and be sure to indicate your EUTF ID# and applicable month(s) on your check. Send your payments to:

**EUTF  
P.O. Box 30700  
Honolulu, Hawaii 96820-0700**

**NOTE: Failure to promptly pay your premiums may result in administrative cancellation of health plans. You will be ineligible for COBRA Continuation Coverage. If your enrollments are cancelled by the EUTF during your leave due to non-payment of premiums, you may re-enroll ONLY during the next open enrollment period and will suffer a break in coverage.**

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**For DPO USE: Please route the completed Form L-1 by intra-office courier or mail to EUTF at P.O. Box 2121, Honolulu, Hawaii 96805-2121.**

Employer \_\_\_\_\_ Agency/Department \_\_\_\_\_

DPO Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_